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ABSTRACT

The purpose of this study was to test the effectiveness of one-on-one therapeutic recreation intervention on independence in leisure behavior of elderly, mentally ill residents residing in a nursing home. The researchers employed an experimental design and used the Comprehensive Leisure Rating Scale (CLEIRS) to measure independence in leisure behavior. Therapeutic recreation specialists feel that one-on-one therapeutic recreation intervention is the most effective method of improving independence in leisure behavior of elderly, mentally ill residents but few studies exist to support the feeling. Results indicated no difference in independence in leisure behavior between the experimental group and the control group. Group activities appear to be just as effective as one-on-one therapeutic recreation intervention in increasing the degree of independence in leisure behavior of elderly, mentally ill residents. (Author)

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One-On-One Therapeutic Recreation Intervention With Elderly, Mentally Ill Nursing Home Residents : Does It Make A Difference?

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Abstract

The purpose of this study was to test the effectiveness of one-on-one therapeutic recreation intervention on independence in leisure behavior of elderly, mentally ill residents residing in a nursing home. The researchers employed an experimental design and used the Comprehensive Leisure Rating Scale (CLEIRS) to measure independence in leisure behavior. Therapeutic recreation specialists feel that one-on-one therapeutic recreation intervention is the most effective method of improving independence in leisure behavior of elderly, mentally ill residents but few studies exist to support the feeling. Results indicated no difference in independence in leisure behavior between the experimental group and the control group. Group activities appear to be just as effective as one-on-one therapeutic recreation intervention in increasing the degree of independence in leisure behavior of elderly, mentally ill residents.

Key Words: One-On-One Invervention, Nursing Home Residents, Group Intervention, Therapeutic Recreation Intervention.

One-On-One Therapeutic Recreation Intervention With Elderly, Mentally Ill Nursing Home Residents: Does It Make A Difference?

The goal of all health care professionals should be that of aiding the client in increasing his or her level of independence. In the therapeutic recreation profession the goal is for the client to move to his or her highest achievable level of independence in leisure behavior. In order to achieve that goal, therapeutic recreation professionals must concentrate on components of independence.

Personal competence and control are two important components of independence in leisure behavior. People need to feel as though they have some control over their environment; they need to feel competent in activities in which they participate. If an individual is lacking either competence or control in a leisure activity then the potential for independent leisure behavior is greatly reduced.

Unfortunately, institutionalization often means a loss of personal control and competence (Garrigan, 1986). Competency and control-taking behaviors are often discouraged in nursing homes; instead reinforcement is given to passive, control-giving behaviors and, hence, residents develop patterns of behavior consisting of passivity and dependency. Control and competence contribute greatly to independence in leisure behavior. Independence may be gained through a process of doing what one wants to do rather than what someone else thinks one should do (Rogers, 1982).

Studies do show evidence of support for the positive effects of an increase in perception of competence and control on the aging population (Iso-Ahola, 1988). Fidler (1981) suggested that satisfaction with one's self comes from demonstrated masteries and higher levels of life satisfaction; physical and mental abilities resulting from having a perception of control over one's environment contribute to satisfaction as well. Studies by Langer and Rodin (1976), Rodin and Langer (1977), Schulz (1976) and Schulz and Hartman Hanusa (1978) indicated that increases in perception of control for nursing home residents lead to increases in physical and psychological well-being. MacNeil (1988) noted that increases in leisure satisfaction resulted in increases in life satisfaction and Schulz (1976) stated that the presence of controllable events has a positive effect on the well-being of elderly individuals.

Recreation activities can be used as an effective intervention technique in the treatment of residents experiencing low levels of competence and control (Garrigan, 1986; Hedrik, 1985; Vale & Mlott, 1983); activities can be used to increase one's perception of competence and control (Mobily, 1985). If an activity program does not facilitate development of performance competency, then much of its potential benefit and impact is lost (Fidler & Fidler, 1978).

Therapeutic recreation specialists often indicate problems with how to plan activity programs that facilitate the development of competence and control for residents (Voelkl, 1986). Activities can be used effectively as therapeutic

intervention but they require a process of purposeful planning which assesses many elements.

A significant loss of meaning in life for members of the elderly population appears to exist. Therefore it is important to assess feelings of independence so that those feelings can be addressed in a therapeutic program (Fry, 1986). Assessment of independence in leisure behavior is an important first step to take before implementing a one-on-one or group intervention program (Dunn, 1984; Howe, 1984; Szekais, 1986).

Therapeutic recreation specialists assume that a one-on-one intervention program is more effective than group intervention in increasing independence in leisure behavior. However, there are no studies to support this assumption. One-on-one intervention is expensive in terms of a therapeutic recreation specialist's time and most nursing homes cannot afford that "luxury". But if one-on-one therapeutic recreation intervention does increase independence tne technique should be employed.

The purpose of this exploratory investigation was to determine the difference of independence in leisure behavior between two groups of elderly, mentally ill residents, before, during and after implementation of experimental techniques. The Comprehensive Leisure Rating Scale (CLEIRS) was used to assess degree of independence for both groups; the experimental group received one-on-one therapeutic recreation intervention as well as regularly scheduled group activities and the control group received only regularly scheduled group activities. The study was implemented because therapeutic recreation specialists feel

that one-on-one is the most effective method of improving independence in leisure behavior but no studies exist to support the feeling. Research was needed to determine the effects of one-on-one interaction between a therapeutic recreation specialist and a resident.

Methods

Subjects

The subjects live in a 100 bed intermediate/skilled care nursing facility. The therapeutic recreation specialist at the nursing home provided the researcher with a list of residents who were similar in age, years institutionalized, medication, physical and mental ability, and leisure behavior. Based upon the therapeutic recreation specialist's knowledge of the residents and upon resident charts, the researchers selected Frances, Dola, Rhoda, and Arden as subjects. Frances and Arden were randomly selected to be in the experimental group and Dola and Rhoda were selected for the control group. The subjects range in age from 72 to 81 and have lived at the nursing home from three to 15 years. All have the primary diagnosis of schizophrenia.

Description of CLEIRS

CLEIRS was used as the assessment instrument. It is a two part instrument that measures degree of independence in leisure behavior. The first part measures perceived freedom in leisure; the second part measures activity competency. Together these parts provide a comprehensive measure of the degree of independence in leisure behavior.

Four scales are included in CLEIRS. Each scale measures separate parts of a single concept of degree of independence in leisure behavior. The scales are patterned after the following: The rating scale version of the Leisure Diagnostic Battery (Witt & Ellis, 1985); The Brief Leisure Rating Scale, (Ellis & Niles, 1985); a measure of a resident's breadth of activity competency (Navar, 1980); and a measure of a resident's depth of activity competency (Navar, 1980).

The first scale measures perceived freedom in leisure. There are 28 items on the scale and scores range from 1 (never characteristic of the resident) to 5 (always characteristic of the resident). A higher score indicates a higher degree of perceived freedom in leisure. The second scale measures perceived helplessness in leisure. There are 25 items on the scale utilizing the same scoring range and descriptors as the first scale. A high score indicates a sense of helplessness in leisure. The third and fourth scales measure activity competency. Specifically, the breadth scale measures breadth of activity competency and the depth scale measures depth of activity competency. The ratings for both scales are from 1 indicating no skill to 5 indicating exceptional skill. There are 12 items for each scale. A resident functioning with a nigh degree of independence in leisure behavior should score high on the freedom, breadth, and depth scales. Tne helplessness score should be low. The residents are scored in comparison to other residents in the nursing home.

Reliability and validity for CLEIRS were established on 176 nursing home residents in Missouri. Cronbach's alpha ranged from .97 on breadth to .79 on helplessness (Card, Compton, & Ellis, 1986). Validity was reported using factor analysis.

Intervention

The two residents in the experimental group received a one-on-one therapeutic recreation intervention program provided by the therapeutic recreation specialist. The program was conducted individually two times a week for one hour each session for four weeks. The therapist continued to conduct group activities and was able to observe the four residents during the group activities as well as during the one-on-one intervention.

CLEIRS was completed by the therapist two times prior to intervention, one time after three sessions and then again following six sessions. To determine if the intervention had any lasting effect CLEIRS was completed two days and 13 days following the last session. Scores were compared to determine if the one-one-one therapeutic recreation intervention program had a more positive effect on the experimental group's level of independence than on the control group's level.

The researchers planned the programs that were used for intervention; activities were selected that had been tested on this population and were included in one of the five Project LIFE programming books (Project LIFE is a grant with the major purpose of improving the lives of elderly, mentally ill institutionalized people). The one-on-one activities were the same for both subjects in the experimental group. Each session was opened with

exercises followed by two additional activities. The specific one-on-one activities included:

Session 1: Exercises (Card, Dunne, Harris, Hitzhusen, Howard, & Jackson, 1986)
Growing Seeds Without Soil (McDermott, Jackson, Dunne, Hitzhuzen, & Card, 1988)
Mirrored Movements (Card, Dunne, Hesselink, Hitzhusen, & Jackson, 1987)

Session 2: Exercises (Card et al., 1986)
Making a Bird Feeder (McDermott et al., 1988)
Roots (Beck, Harris, Card, & Howard, 1988)

Session 3: Exercises (Card et al., 1985)
Cruise The News (Beck et al., 1985)
Charleston (Card et al., 1987)

Session 4: Exercises (Card et al., 1986)
Charades
Hearts (Beck et al., 1985)

Session 5: Exercises (Card et al., 1986)
Rainbows (McDermott et al., 1988)
Charleston (Card et al., 1987)

Session 6: Exercises (Card et al., 1986)
Wind Chime (McDermott et al., 1988)
Hearts (Beck et al., 1985)

Session 7: Exercises (Card et al., 1986)
Critics Corner (Beck et al., 1985)
Charleston (Card et al., 1987)

Session 8: Exercises (Card et al., 1986)

Name That Tune (Card et al., 1987)

Hearts (Beck et al., 1985)

Treatment of Data

The researchers used visual inspection of data to determine differences among the subjects and between the groups. Due to the small sample size, inferential statistics could not be utilized to interpret the results.

Results

The researchers hypothesized that independence in leisure behavior would increase more for residents receiving one-on-one therapeutic recreation intervention than for residents participating only in group activities. Improvement would mean a higher level of independence in leisure behavior for the experimental group subjects.

The first subject of the experimental group, Frances, remained relatively stable on all four scales. Results for the second subject of the experimental group, Arden, indicated an increase on the freedom scale, a decrease on the helplessness scale, a slight increase in breadth scores and an increase in depth scores; this indicated an overall increase in independence in leisure. The first subject in the control group, Dola, remained relatively stable on the freedom scale while the other member, Rhoda, increased slightly. Scores for the helplessness scale indicated stability for Dola and a decrease in helplessness for Rhoda. Dola remained relatively stable in breadth of activities and decreased slightly in deptn of activities.

However, Rhoda increased considerably in both breadth and depth of activities.

Insert table 1 about here

Conclusion

The results indicated that degree of independence in leisure behavior increased for one subject of the experimental group and remained relatively stable for the other. In the control group one subject increased in degree of independence in leisure and the other subject remained relatively stable. The results of the experiment therefore indicate no difference in independence in leisure behavior for residents receiving one-on-one intervention and for residents participating in group activities.

The implication of these results is clear. Because one-on-one therapeutic recreation intervention does not appear to increase independence in leisure behavior more effectively than group therapeutic recreation intervention, use of a group format is an option that should be considered in planning activities for elderly, mentally ill residents. Groups have been adapted for intervention with a variety of ages and disabilities and are being used successfully with the impaired elderly (Jones & Clark, 1981; Stabler, 1981).

Group intervention allows for a greater number of residents to be involved in a therapeutic recreation situation, and is therefore less expensive in terms of a therapeutic recreation specialist's time. Groups also encourage independence for group members, allow for flexibility in programming and can be adapted to various functioning levels (Szekais, 1986). Therapeutic recreation specialists employed in nursing homes may find group activities to be a viable option to one-on-one therapeutic recreation intervention and just as effective in reaching the goal of increased independence in leisure behavior.

References

Beck, T., Harris, P., Card, J., & Howard (Eds.) (1985) Leisure is for everyone's mind. Columbia, MO: University of Missouri-Columbia.

Card, J., Compton, D., & Ellis, G. (1986). Reliability and validity of tne Comprehensive Leisure Rating Scale. Journal of Expanding Horizons in Therapeutic Recreation, 1, 21-27.

Card, J., Dunne, J., Harris, P., Hitzhusen, G., Howard, G., & Jackson, L. (Eds.). (1986). Leisure is for everyone's body. Columbia, MO: University of Missouri-Columbia.

Card, J., Dunne, J., Hesselink, B., Hitzhusen, G., & Jackson, L. (Eds.). (1987). LIFE and the arts. Columbia, MO: University of Missouri-Columbia.

Dunn, J.K. (1984). Assessment. In C.A. Peterson & S.L. Gunn (Eds.), Therapeutic recreation program design: Principles and procedures (pp. 267-320). Englewood Cliffs, NJ: Prentice-Hall.

Ellis, G., & Niles, S. (1985). Development, reliability, and preliminary validation of a Brief Leisure Rating Scale. Therapeutic Recreation Journal, 19(1), 50-61.

Fidler, G.S. (1981). From crafts to competence. The American Journal of Occupational Therapy, 35(9), 567-573.

Fidler, G.S., & Fidler, J.W. (1978). Doing and becoming: Purposeful action and self-actualization. The American Journal of Occupational Therapy, 32(5), 305-310.

Fry, P.S. (1986). Assessment of pessimism and despair in the elderly: A geriatric scale of hopelessness. Clinical Gerontologist, 5(1/2), 193-201.

Garrigan, S.S. (1986). "Who did you used to be?" The psychological process of aging's impact on institutionalization: Implications for activities. Activities, Adaptation, and Aging, 8(3/4), 75-78.

Hedrick, B.N. (1985). The effect of wheelchair tennis participation and mainstreaming upon the perceptions of competence of physically disabled adolescents. Therapeutic Recreation Journal, 19(2), 34-46.

Howe, C.A. (1984). Leisure assessment instrumentation in therapeutic recreation. Therapeutic Recreation Journal, 18(2), 15-24.

Iso-Ahola, S.E. (1988). Research in therapeutic recreation. Therapeutic Recreation Journal, 22(1), 7-13.

Jones, G.M., & Clark, P. (1981). Multidisciplinary group work on a psychogeriatric ward. British Journal of Occupational Therapy, 44(8), 253-254.

Langer, E., & Rodin, J. (1976). The effects of choice and enhanced personal responsibility for the aged: A field experiment in an institutionalized setting. Journal of Personality and Social Psychology, 34, 191-198

MacNeil, R.D. (1988). Leisure programs and services for older adults: Past, present and future. Therapeutic Recreation Journal, 22(1), 24-35.

McDermott, S., Jackson, L., Dunne, J., Hitshuzen, G., & Card, J. (Eds.). (1988). LIFE and the outdoors. Columbia, MO: University of Missouri-Columbia.

Mobily, K.E. (1985). A philosophical analysis of therapeutic recreation: What does it mean to say "we can be therapeutic?" Part II. Therapeutic Recreation Journal, 19(2), 7-14.

Navar, N. (1980). A rationale for leisure skill assessment with handicapped adults. Therapeutic Recreation Journal, 14(4), 21-28.

Rodin, J., & Langer, E.J. (1977). Long term effects of a control-relevant intervention with the institutionalized aged. Journal of Personality and Social Psychology, 35, 897-902.

Rogers, J.C. (1982). The spirit of independence: The evolution of a philosophy. The American Journal of Occupational Therapy, 36(11), 709-715.

Schulz, R. (1976). Effects of control and predictability on the physical and psychological well-being of the institutionalized aged. Journal of Personality and Social Psychology, 33, 563-573.

Schulz, R., & Hartman Hanusa, B. (1978). Long-term effects of control and predictability-enhancing interventions: Findings and ethical issues. Journal of Personality and Social Psychology, 36, 1194-1201.

Stabler, N. (1981). The use of groups in day centers for older adults. Social Work with Groups, 4(3/4), 49-58.

Szekais, B. (1986). Therapeutic group activities. Activities, Adaptation and Aging, 8(3/4), 1-10.

Vale, W.H., & Mlott, S.R. (1983). An assessment of treatment enjoyment and effectiveness in psychiatric hospitalization. Therapeutic Recreation Journal, 17(1), 26-32.

Voelkl, J.E. (1986). Effect of institutionalization upon residents of extended care facilities. Activities, Adaptation, and Aging, 8(3/4), 37-45.

Witt, P., & Ellis, G. (1985). Development of a short form to assess perceived freedom in leisure. Journal of Leisure Research, 17, 225-233.

Table 1

Residents' CLEIRS Scores by Tests One Through Six

Resident	Test 1	2	3	4	5	6
			FREEDOM			
Frances*	82	73	81	80	76	79
Arden*	48	56	73	79	83	81
Dola+	57	46	62	55	60	56
Rhoda+	68	81	85	86	89	86
			HELPLESSNESS			
Frances*	72	76	83	78	81	74
Arden*	98	99	87	85	78	84
Dola+	93	91	85	85	89	86
Rhoda+	82	68	70	61	65	60
			BREADTH			
Frances*	27	27	32	31	26	30
Arden*	20	22	25	23	28	24
Dola+	20	24	22	23	23	23
Rhoda+	22	29	32	34	37	38
			DEPTH			
Frances*	24	22	28	26	24	24
Arden*	12	19	24	20	20	24
Dola+	24	27	24	26	24	19
Rhoda+	24	21	30	26	27	32

* Experimental Group Subject
+ Control Group Subject